



LASPD Contact <laspd.contact@gmail.com>

ID 12521, Linda Barnes / xx-6410

1 message

LASPD Contact <laspd.contact@gmail.com>
To: contact@january.com

Mon, Feb 12, 2024 at 1:19 PM

LASPD®

180 North Michigan Avenue, Suite 908, Chicago, IL 60601

VIA EMAIL

February 12, 2024

January Technologies Inc
176 Grand Street, 4th Floor
New York, NY 10013

Re: Linda Barnes
[REDACTED]

Consumer's account: [REDACTED] / SSN [REDACTED]

LASPD file number: 12521

Dear Sir or Madam:

Please be advised that we represent Linda Barnes regarding your firm's collection activities.

Legal Advocates for Seniors and People with Disabilities (LASPD) is a nationwide program that provides debt-related legal services to seniors and people with disabilities. These individuals receive a fixed and/or limited income, protected by Federal laws, and LASPD advises them of their rights under these laws. Our goal is to persuade creditors and third party collectors to cease collection efforts, including filing a lawsuit, regarding debts such as the one referenced above.

We ask that you, or the creditor you represent, review the attached affidavit from Ms. Barnes. Our client's income is protected from levy, attachment or garnishment by Federal law. Moreover, there is no income available for any payment arrangement or settlement. Accordingly, our client cannot pay the debt(s) that you are attempting to collect and we ask that you cease all further communications or collection actions. Our client also questions the correctness of the debt(s) you are trying to collect.

In closing, I am prepared to furnish you with other appropriate information you may require. If you have any questions, please contact LASPD at 312-263-1633 or info@mylegaladvocates.org.

Very truly yours,

Donald Leibsker
Legal Director

Enc.

Legal Advocates for Seniors and People with Disabilities®
Website: www.mylegaladvocates.org E-Mail: info@mylegaladvocates.org



Phone: 312-263-1633 Fax: 312-263-1637

 **12521_POA.pdf**
124K

CONSENT FORM FOR LEGAL REPRESENTATION

Please allow this form to express my (our) formal consent for Legal Advocates for Seniors and People with Disabilities (LASPD) to act as my (our) agent and to provide limited legal representation on my (our) behalf with respect to my (our) debts. LASPD has authority to communicate and act on my (our) behalf with all creditors and debt collectors. All communication regarding my (our) debts from any and all of my (our) creditors and debt collectors shall be made only through my (our) agent, LASPD. This consent form shall be valid until revoked in writing by the undersigned.

LINDA M. BARNES
FIRST CLIENT'S NAME

SECOND CLIENT'S NAME

Linda M. Barnes
FIRST CLIENT'S SIGNATURE

SECOND CLIENT'S SIGNATURE

April 4, 2023
DATE SIGNED

DATE SIGNED

Please include a **COPY** of just **ONE** of the following **SIGNED** documents:

1. Driver's License **OR**
2. State I.D. Card **OR**
3. Social Security Card

REMEMBER – YOU JUST NEED TO INCLUDE ONE OF THE ABOVE.

SOURCE OF INCOME

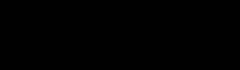

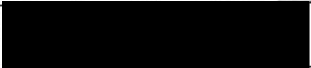
It is important that we have proof of your protected source of income **like your annual benefits statement(s)**. This is how we can show your creditors that the bank account where you deposit your protected income cannot be garnished. Please return a copy with your application.

If you do not have a statement, you should be able to get one. Most likely, you are receiving some form of social security. In that case, you can get your benefits statement by going online (ssa.gov), by calling 1-800-772-1213, or by visiting a local social security office.

If your protected source of income is from the Veterans Administration, a pension, or something else, you should still be able to get a benefits statement.

Once you get it, you can email us a scanned copy (info@mylegaladvocates.org), fax us (1-312-263-1637), or mail us a copy: 180 N. Michigan Ave, Suite 908, Chicago, IL 60601.

STATEMENT OF INCOME

SOURCES OF INCOME AND GROSS MONTHLY AMOUNTS – MONEY RECEIVED BY YOU (BEFORE DEDUCTIONS)	
SOURCE OF INCOME	AMOUNT
Social Security Retirement	
Supplemental Security Income (SSI)	 <i>monthly</i>
Social Security Disability	 <i>monthly</i>
Veterans' Benefits	
Workers' Compensation	
Public Aid (for example, Food Stamps)	
Alimony	
Child Support	
Pension Benefits	
Wage Income	
Other Income (if any, please describe)	
TOTAL INCOME	

STATEMENT OF EXPENSES

MONTHLY EXPENSES – MONEY YOU PAY TO OTHERS			
TYPE OF EXPENSE	MONTHLY AMOUNT	TYPE OF EXPENSE	MONTHLY AMOUNT
<u>Rent/Mortgage</u> <i>Please circle one.</i>		Dental	
Average Utilities (gas, electric, telephone, cell phone, water, cable, internet, etc.)		Medical (including prescriptions)	
Real Estate Taxes. <i>Be sure to divide the yearly amount by 12.</i>	N/A	Religious Affiliation Donations	N/A
Food		Health Insurance	N/A
Car Payment(s)	N/A	Life Insurance	
Car Insurance	N/A	Home/Renter's Insurance	N/A
Car: Gas & Maintenance	N/A	Other Expenses (<i>List</i>)	
Other Transportation Costs			
Reasonable expenses to support a child or parent (<i>List</i>)	N/A		
		TOTAL EXPENSES	

Have you ever **co-signed** a financial document? In other words, have you ever signed a document with another person where they, and not you, were going to get something? No.

If yes, please give us the name of this person, the name of the creditor and the type of debt (e.g., a home loan or a car loan):

